

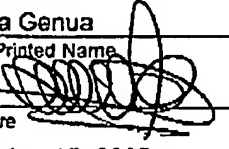


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CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Sandra Genua Typed/Printed Name  Signature November 15, 2005 Date	APPLICATION NO.	10/676,537
	FILING DATE	09/30/2003
	FIRST NAMED INVENTOR	Jai N. SUBRAHMANYAM
	ART UNIT	2652
	CONFIRMATION NO.	7661
	EXAMINER	Tupper, Robert
	ATTORNEY DOCKET NO.	K35A1176
TITLE	HEAD STACK ASSEMBLY INCLUDING A TRACE SUSPENSION ASSEMBLY BACKING LAYER AND A GROUND TRACE FOR GROUNDING A SLIDER	

ATTACHED WITH THIS SUBMISSION:

1. Transmittal form (1 page);
2. Fee Transmittal (1 Page)
3. Information Disclosure Statement / PTO form SB/08A (1 page);

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PTO/SB/21 (09-04)

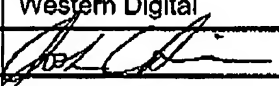
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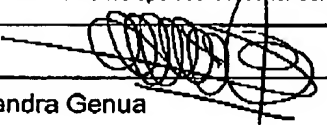
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TRANSMITTAL FORM	Application Number	10/676,537	
	Filing Date	09/30/2003	
	First Named Inventor	Jai N. SUBRAHMANYAM	
	Art Unit	2652	
	Examiner Name	Tupper, Robert	
(to be used for all correspondence after initial filing)		Attorney Docket Number	K35A1176
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Western Digital		
Signature			
Printed name	Joshua C. Harrison		
Date	November 15, 2005	Reg. No.	45,686

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Signature			
Typed or printed name	Sandra Genua	Date	November 15, 05

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/676,537
		Filing Date	09/30/2003
		First Named Inventor	Jai N. SUBRAHMANYAM
		Examiner Name	Tupper, Robert
		Art Unit	2652
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	K35A1176

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =		x	50	=	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =		x	200	=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =		/ 50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: IDS Fee under 37 CFR 1.17(p) - Fee Code 1806							180.00

SUBMITTED BY		
Signature	Registration No. 45,686 (Attorney/Agent)	Telephone (949) 672-6119
Name (Print/Type) Joshua C. Harrison, Esq.		Date November 15, 2005

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